

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

# INDEX OF CLAIMS

✓ Rejected N  
 = Allowed I  
 (Through numeral) Canceled A  
 Restricted O

Non-elected  
 Incomplete  
 Appeal  
 Objected

NOT AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1	8/16/23	51		101	
2	✓	52		102	
3	✓	53		103	
4	✓	54		104	
5	N	55		105	
6	✓	56		106	
7	✓	57		107	
8	✓	58		108	
9	✓	59		109	
10	N	60		110	
11	✓	61		111	
12	✓	62		112	
13	✓	63		113	
14	✓	64		114	
15	✓	65		115	
16	✓	66		116	
17	✓	67		117	
18	✓	68		118	
19	✓	69		119	
20	✓	70		120	
21	✓	71		121	
22	✓	72		122	
23	✓	73		123	
24	✓	74		124	
25	✓	75		125	
26	✓	76		126	
27	✓	77		127	
28	✓	78		128	
29	✓	79		129	
30	✓	80		130	
31	✓	81		131	
32	✓	82		132	
33	✓	83		133	
34	✓	84		134	
35	✓	85		135	
36	✓	86		136	
37	✓	87		137	
38	✓	88		138	
39	✓	89		139	
40	✓	90		140	
41	✓	91		141	